3366612569

PAGE 02/17

PRINTED: 08/03/2016 FORM APPROVED

Division	ı <u>of Hes</u> ith <u>Şervice R</u>				FOR	MAPPROVE
AND PLAI	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		TE SURVEY
			A, INVILLIN	w: vi		ALCE LED
		HAL013038	D. WING_		07	/20/2016
1	PROVIDER OR SUPPLIER			, STATE, XP GODE		"
CONCO	RD HOUSE		ELL SCHOO ED, NC 280;			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF CORP (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	MOULD BE	(X5) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report of a Biennia Miller on July 20, 20	l Construction Survey by Ed 916.				,
	March 14, 1995 as facility is currently lift facility consists of a and an addition circle portion of the building conformance with the 2005 Rules for Lice Seven or More Bed Building Code and the facility of the seven of the s	is facility was first licensed on a Home for the Aged. The censed for 48 Beds. The n original building circa 1965 a 1987. The circa 1967 big was surveyed for ne applicable portions of the naing of Adult Care Homes of s, the 1967 North Carolina he 1971 Rules for Licensing s of Seven or More Beds in al licensure.				
	conformance with the 2005 Rules for Licer Seven or More Beds Edition of the North Institutional Occupa Standards and Regards Aged in effect at time					
	Deficiencies were no Correction.	oted which require a Plan of				
Q 111	Must Have Current 8	Ban. & Fire Safety Reports	C 111			
	fire and building safe	HYSICAL PLANT 2 DESIGN AND ave current sanitation and ity inspection reports which it the home and available for			,	
	This Rule is not met alth Service Regulation	as evidenced by:			_,	
BORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REFRESENTATIVE'S SIGN	ATURE	TITLE .		(X0) DATE
ATE FORM	meka M	- ALLMAN I	III) 2	- A <u>T-C</u>		101/16

28Z721

3366612569

PAGE 03/17

Division	of Health Service Re				FORM.	APPROVED
AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PRÓVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDING	*LE CONSTRUCTION 3: 01	(X3) DATE COMP	SURVEY LETED
		HAL013038	B. WING _		07/2	0/2016
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CONCO	RD HOUSE		LI. SCHOO D, NC 2802			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EMENT OF DEPIGENCIES MUST BE PRECEDED BY FULL G IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPROP DEFICIENCY)	98€	(X5) COMPLETE DATE
C 111	Continued From pag	ge 1	C 111			
	Managers the facility facility, current (commonths) annual inapers this deficiency affect by not preventing an may be discovered virindings on July 20, a. Facility Manager Fire Alarm System In	I review, and interview with y failed to maintain in the pleted within the last twelve ection report(s) required, its residents, staff and visitors y systems deficiency that with annual inspections. 2016: is indicated that the Annual aspection and Testing Report IFPA 72, was not available		Facility Manager will retain and maintain a copy of 2018 system report for review.	र्वेग्स जीवाग	0+30×14I
C 133	Bethrooms-Hand Gr	ips	C 133			
	SECTION .0300 = Pt 10A NCAC 13F .030 ENVIRONMENT (e) The requirement rooms are: (6) Hand grips shall commodes, tubs and accessible to resider	5 PHYSICAL s for bathrooms and toilet be installed at all showers used by or				
	provide commodes, to residents with han affects all residents was not providing increas instability/balance, ar fixtures. Findings on July 20, 2	ation, the facility failed to ubs and showers accessible d grips. This deficiency who use theses fixtures by ad safety, controlled against ad maneuverability at the		Fincility materiarum Director will refusten toose hend gap		
	tub had a loose hand b. Back Wing Left 6 no hand grips (grab b c. Back Wing Left 6	grips (grab bar). Froup Bathroom - there were		Facility maniferance director will instalk a hand grip at the 8 Facility Maintenance Director will instalk a hand grip at the 8 Facility Maintenance Director will refusion loose hand grip all hand gripe weekly to insure they are in imper working of	and monther	9-20-16
ATE FORM				" "		

PAGE 04/17

Division	of Health Service R			,	FORM	APPROVE
AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/GUPPLIER/GUA IDENTIFICATION NUMBER:	(X2) MULTE A. BUILDING	PLE CONSTRUCTION 3: 01		E SURVEY PLETED
		HAL013038	B. WING_		07/	20/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE		
CONCO	RD HOUSE	2339 ODI	ILL SCHOO D, NC 2802	L ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)) INC	(XII) COMPLETE DATE
C 160	SECTION .0300 = F 10A NCAC 13F .030 ENVIRONMENT (g) The requirement (4) Corridors shall to ther obstructions. This Rule is not me 1. Based on obser of all equipment and would affect all reside slowing or obstruction emergency. Findings on July 20, a. Back Wing Right on the porch behind b. Front Left Wing several unattended of	ts for corridors are: te free of all equipment and t as evidenced by: vation, corridors were not free other obstructions. This lents, staff and visitors by tg egress during an 2016: t Side Exit - there was a chair the exit door. in the Corridor there were valkers and a medication stationed within the door	C 150	Facility Maintenance Director Will remove the chair and a obstructions Facility Maintenance Director Will remove the chair and a obstruction of the chairs and do natively attention of the control of the chairs and do natively attention of the chair and a ch		9-30-16 8-31-16
	SECTION .0300 - PI 10A NCAC 13F .030 ENVIRONMENT (h) The requirement exits are: (2) All steps, porche provided with handra This Rule is not met 1. Based on observe equipped with stable steps, porches, stoop affect all residents, stoop affect all residents, stoop	5 PHYSICAL s for outside entrances and s, stoops and ramps shall be ills and guardrails; as evidenced by: ration, the building was not handrails and guardrails at be and ramps. This would taff and visitors who use	C 152			
TATE FORM		ón		êFran		

×	Division	of Health Service Re	gulation			FORM	MAPPROVE
	AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	LE CONSTRUCTION 5: 01	(X3) DAY OOM	E SURVEY IPLETED
ļ			HAL013038	B. WING		07/	20/2016
l	NAME OF	PROVIDER OR SUPPLIER	STREETA	DORESS, CITY.	STATE, ZIP CODE	. 077	20/2010
L	CONCOR	RD HOUSE	2339 OD	ELL SCHOO RD, NO 2802	L ROAD		
	(X4) ID PREFIX TAG	(EAGH DEFICIENCY	TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPROP DEFICIENCY)	BE	(XB) COMPLETE DATE
	C 152	Continued From pag	ge 3	C 152			· · · · · · · · · · · · · · · · · · ·
		Findings on July 20,	Side Entrance - the ramp		Famility Melmienence Director will mater a new herefrell to a compliance. PAID will give ensure to monitor all handrate veneure compliance.	weeply by	9-30-14
	C 160	Outside Premises-C	lean, Safe	C 160			
		The outside ground	HYSICAL PLANT B PHYSICAL ats for outside premises are: unds of new and existing intained in a clean and safe				
		This Rule is not met 1. Based on observers not maintained condition. Findings on July 20,	vation, the outside grounds in a clean and safe				
			Wing Right - there was a	a/h	Pacifity Militimismoe Director Will remove the broken bench, and monitor groundle weekly to ensure compliance.	TWO Chara,	%-30-1L
	1		t Side- there were two broken	e	Fwellity Meintenance Director will replace soffs and rate to p	nutreet thu	9-50-14
		 Back Wing Right were open/missing a 	t Side -the soffit and rake llowing peats and the into the area protected by		rtuif areg		
		d. Back Wing Right supporting the porch had developed.	t Side - the metal post had peeling paint and rust	a	Facility Meintenance Director will repair the post		9-30-16
		 Back Wing Left a supporting the porch had developed. 	Side - the metal post had peeling paint and rust		Facility Maintenance Offscor will repairs the post		9-30-16
		old brush pile, limba, a pallet laying on the	-In this area there was an trash pile, broken chair and plonic table.	. '	Facility Mäthlemanus will ensure removal of all gebris for the	plenie arma	%-30-1 6
	i	,	there was a hole in the soffit		Maintenance Director will repair or replace softi		q-30-16-
	ision of He ATE FORM	ith Service Regulation		1988 73	02704		
				2	92721	continuatio	on sheet 4 of 16

PAGE 06/17

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	TIPLE CONSTRUCTION (X3) DATE SI ING: 01 (X3) DATE SI		
		HAL013038	R. WING		07/	20/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CMY.	STATE, ZIP CODE		
CONCO	RD HOUSE		LL SCHOO			
(X4) ID	GUMMADV OTA	CONCOR	D, NC 2802			
PRIIFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	PREPIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REPERENCED TO THE APPROVIDENCY)	DRE	COMPLETE DATE
C 160	Continued From page	je 4	C 160			
	removed allowing point. Exterior Space there are 4-inch conthe space. These with azards.	on line appears to have be est access to the attic. Between Wings Left Side - rugated pipes winding through nding pipes create tripping		Meintenance Director will remove the corrupted pipe or weekly to ensure trip hexards are not present.	ed monitor	a-80-16
	Exterior Space Betw is a pionic table with seat on broken.	reen Wings Right Side - there one of the double boards you		maintenance director will repair or remove the punts table	•	8-30-1L
	 Exterior Space I 	3otween Wings Right Side - 8 with very torn seat		Maintenance Director will remove the shairs with loss ou	ehione	9-30-16
	there were many tall appearing between t	Between Wings Left Side - weeds and grass clumps he cracks in the in the random vegetation creates		Meintenance will remove the vegetation		9-30-16
	growing in it and the on it.	t - the gutter had small trees roof had several limbs laying Side -there was a cracked		Maintenance Director will always of guitters pround the fact monflor weakly to ensure gutters remain algue	ilty and	9-30-14
	top windowpane in the	ne back bedroom.		Maintenance Director will replace the window pane		9-30-16
C 164	Housekeeping and F	urnishings-Clean, Repaired	C 164			
	coverings kept clean (2) have no chronic (3) have furniture cle (e) This Rule shall a facilities. This Rule is not met 1. Based on Obsern	6 HOUSEKEEPING AND shall: gs, and floors or floor and in good repair; unpleasant odors; ean and in good repair; pply to new and existing				
vision of He	alth Service Regulation					

Division of Health Service	Regulation			FORM APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. HOLLDING		
	HAL013038	B. WING		07/20/2016
NAME OF PROVIDER OR SUPPLI	ER STREET AC	DRESS, CITY,	STATE, ZIP CODE	
CONCORD HOUSE		ILL SCHOO		
		D, NC 2802		
PREFIX (EACH DEFICIE	STATEMENT OF DEFIGIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
© 164 Continued From	page 5	C 164		
Findings on July a. Public Restri the walls around peeling paint tha	nd in good repair. 20, 2016; com near Conference Room = the sink and commode had t needed refinishing. com near Conference Room =		Misintenence Director will repaint the well area that is of monitor areas weekly to ensure they are in good repair. Maintenence Director will repaint the wall area that is chi	
the floor around t	the commode was chipped and		monitor areas weekly to ansure they are in good regule.	
	astroom - the tile floor around the	۵	Maintenance Director will ensure the restroom is Clean. I will monitor twice weekly to ensure compliance.	Scritty Manager 9-50-16
d. Shower Roo	m across Nurse Station - the tile commode and to the floor drain	,	Mithtenance Director will ensure the tile floor is cleaned Manager will mention twice weekly to ensure compliance	9-30-16
Were stain and di	rty.		Mäkilénánum Director will plean the switch	9-30-16
the light switch at f. Public Restro the walls door an g. Bedroom 100 h. Bedroom 101	oom near Conference Room - nd adjacent wall was very dirty. oom near Conference Room - d frame need to be refinished. ? - the door was marred up. ! Bathroom - the tile floor was e commode, and under the sink	f gh	Melniumance Director will repaint the wall area that is day monitor areas weekly to ensure they are in good repair. Meintenance Director will repaint the wall area that is ship manifer group weekly to ensure they are in good repair.	1 30 -14
and towel bar. i. Shower Roor - walls around the paint that needed	n across from the Nurse Station tub and shower had peeling	ı	Maintenance Director will repaint the well eres that is chips monitor areas weekly to ensure they are in great repair.	oed and 9-50-14
j. Shower Roor	n across from the Nurse Station I shower the vinyl base was	1	Maintenance Director will refeaten the viryl base end m to ensure all viryl base is securely featened	onitor weekly タージャート
k. Shower Roor	n across from the Nurse Station	4	Meintenance Director will repair the door trame	9-20-16
 Dining Room the texture ceiling 	- the ceiling was stained and was falling down the left wall was marred up.	1	Metintenence Director with Repair and paint the sailing in	he dining room 4-50~{(
equipment was no by not have prope This could affect i	20, 2016;			

PAGE 08/17

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION (C9) DATE COMP	
		HAL013038	B, WING _		07/20/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY	STATE, ZIF CODE	
CONCO	RD HOUSE	2339 ODE CONCOR	LL SCHOO D, NC 2802	L ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DRE COMPLETE
C 164	Continued From page a. Hopper Room - was dried-up, allowi the Building and the	the utility sink's plumbing traping sewer gases for entering	C 164	Meintenance Director will ensure sink (v.in proper working manths mentility to ensure compliance	Order and 9-30-16
C 166	SECTION .0300 - P 10A NCAC 13F .030 FURNISHINGS (a) Adult care home (5) be maintained ir orderly manner, free hazards; (e) This Rule shall a facilities. This Rule is not met 1: Based on observinterview the facility!	s shall: s shall: s shall: s an uncluttered, clean and of all obstructions and apply to new and existing t as evidenced by: vation, record review and failed to provide an all obstructions and hazards stay.	C 186		
	 a. Front Wing Left ceiling, there was a value the potential to 2. Based on Obsert due to the possibility contaminated water is supply. 	Side Porch - on the porch vasp's nest, The wasps sting occupancies. vation, a hazard was present of the backflow of into the domestic water		Maintenance Director Will remove the Waspa neat and must to ensure it does not return	ottor washiy 9-30-16
	were not equipped w there was a hose pro 3. Based on Obsent maintained free of ha medical oxygen cyline	Can Wash - both water lines ith vacuum breakers and		Maintenance Director Will Inytell new vacuum breakera	9-30-16
TATE FORM		696	2	92721 #	continuation wheat 7 of 16

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	A. RUILDING	PLE CONSTRUCTION 3: 01	(X3) DATE COMP	SURVEY
	HAL013038	B. WING _		07/2	20/2016
NAME OF PROVIDER OR SUPP	IER STREET	DDRESS, CITY.	STATE, ZIP CODE		
CONCORD HOUSE		RD, NC 2802			
PRÉFIX (EACH DEFIG	STATEMENT OF DEPICIENCIES ENCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT! (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	ON SHOULD BE TE APPROPRIATE	
C 166 Continued From	n page 7	C 166			
valves, propelli dangerous proj Findings on Jul a. Hopper Ro	/ 20, 2016; rm - three portable medical s were stored standing not		Maintenance /atractor will wantert orangen company to he proper storage devices for oxygen buildes	ve them oring	&-5¢-16
C 183 Fire Extinguish	rs	C 183			
10A NGAC 13F (a) At least one A-B-C type fire 2,500 square fe (b) One five po or CO/2 type is	- PHYSICAL PLANT .0308 FIRE EXTINGUISHERS five pound or larger (net charge) extinguisher is required for each et of floor area or fraction thereof, and or larger (net charge) A-B-C required in the kitchen and, where e maintenance shop.				,
Based on concept maintal associated equivalent associated equivalent to exting grow larger. Findings on July a. Entire Build maintenance, phas been no do	met as evidenced by: beervation, the facility failed to in the fire extinguishers and beent. This could hamper staffs ish a small fire and permit it to 20, 2016: ing - since the annual beformed in August 2015, there becomentation of the portable fire conthly inspections.				
C 184 Fire Safety-Eva-	uation plan	C 184			
10A NCAC 13F EVACUATION (a) A written fire diagrammed dra approval of the i	- PHYSICAL PLANT 0309 PLAN FOR evacuation plan (including a wing) which has the written ocal Code Enforcement Official		,		
viston of Health Service Regular IATE FORM	ón	naeo 2	9Z721	If continuatio	n sheet 8 of 18

PAGE 10/17

PRINTED: 08/03/2016 FORM APPROVED

Division	of Health Service Re	gulation		FORM	APPROVED	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		SURVEY PLETED
		HAL013038	B. WING			
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	07/2	20/2016
	RD HOUSE		ELL SCHOO			
			D, NC 2802			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPROPRIES (CROSS-REPERENCED TO THE APPROPRIES (CROSS-REPERENCED)	D BE	(XII) COMPLETE DATE
C 184	Continued From page	ge 8	C 184			_
	central location on a home. The plan sha resident on admissing orientation for all net of This Rule is not met. This Rule is not met. Based on Obserproperly post and mathematically properly post and mathematically providing properly post and mathematically providing property. Findings on July 20, a. Front Wing - material work of the providing property of the providing property. Findings on July 20, a. Front Wing - material work of the providing property of the providing property. Front Wing - material work of the plant	pply to new and existing t as evidenced by: vation, the building failed to aintain the evacuation maps. residents, staff and visitors per guidance during an 2016: ny of the mounted e not oriented to the actual my of the mounted the corridor had multiply the Here") for that location. e were no mounted	Allic	Maintenance Division will secure the correct fire evec routs properly mount them on each half in the the correct position the plane are clear to read and fotow. Also will manify was compilarium	n to ensure	9-30-14
	Electrical Outlets in \ SECTION .0300 - Pt 10A NGAC 13F .031t All adult care home of		C 188	,		
	locations at sinks, ba building shall have gr This Rule is not met 1. Based on Obsen provide electrical out bathrooms and outsic fault interrupters. Thi	throoms and outside of round fault interrupters.				
vision of He	alth Service Regulation					

252721

PAGE 11/17

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION : 01	(X3) DATE	SURVEY PLETED
	HAL013038	a. WING		07/2	20/2016
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, OTTY.	STATE, ZIP CODE		
CONCORD HOUSE	2339 ODE	LL SCHOO D. NC 2802	LROAD		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD OROSS-REFERENCED TO THE APPROVIDERORY)	DBE	(XB) COMPLETE DATE
C 188 Continued From p	age 9	C 188			
protection to thes Findings on July; a. Conference of circuit-interrupter receptacle did not could not be teste b. Front Corrido ground-fault circuit power receptacle and could not be c. Public Restro ground-fault circuit power receptacle and could not be d. Employee Re circuit-interrupter receptacle did not could not be teste e. Bedroom 101 circuit-interrupter	e devices. 0, 2016: 0, 2016: 0 orn - the ground-fault (GFCI) electrical power have electrical power and d for ground fault. Right Side Porch - the t-interrupter (GFCI) electrical did not have electrical power ested for ground fault. orn near Conference Room- the t-interrupter (GFCI) electrical did not have electrical power ested for ground fault. did not have electrical power ested for ground fault. atroom - the ground-fault did not power have electrical power	AF	Maintenance Director will investigate the issue with all of sentent an electricism to make the repair to ensure all G and can be takind. Maintenance director will test GFGF ensure compliance	FCI Dave powe	9-30-16
ground-fault circui power receptacle	across for Nurse Station- the Interrupter (GFCI) electrical did not have electrical power ested for ground fault.				
C 189 Building Equipmen	t Maintained Safe, Operating	C 189			
10A NCAC 13F.0 REQUIREMENTS (a) The building a mechanical, and p care home shall b operating condition (k) This Rule shall facilities with the a	nd all fire safety, electrical, lumbing equipment in an adult a maintained in a safe and h. apply to new and existing sception of Paragraph (e) bly to existing facilities.				

PAGE 12/17

Division	of Health Service Re	gulation			FORM	MAPPROVE
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NOMPER:	(X2) MULTI	PLE CONSTRUCTION		E SURVEY
7,10,10,11	or acremany	IDENTIFICATION NUMBERS	A. BUILDIN	G: 01	COM	#LETED
		HAL013038	B. WING			/DD/0046
NAME OF	PROVIDER OR SUPPLIER		DENIERE CITY	, GTATE, ZIP CODE	1 077	/20/2016
			ELL SCHOO			
CONCO	RD HOUSE		RD, NC 280			
(X4) ID PREFIX TAG	EACH DEPICIENCY	TEMENT OF DEPICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO OROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD RE	COMPLETE DATE
G 189	Continued From page	ge 10	C 189			
	safety was not main condition. This coul visitors to fire/smoke compartment of orig Findings on July 20,	vations, the Building fire tained in a safe and operating d expose residents, staff and a if not contained in Room or in	À	Maintenance will adjust the door tringes and stake plate door dickes properly when released.	in to structure	9-30-16
	close and could not the fire alarm system	latch into the doorframe when in released the doors.		the door doese property when released.		
	b. Front Wing Electrical Room - there were gaps around cables, pipes and conduit not firestop as they penetrate the fire-resistance-rated ceiling assembly, allowing the spread of fire and smoke.		,	Maintenance Circotor will seal of penetrations will the caulk to ensure the resistance. Maintenance Director of work on the facility by outside vendors to ensure their all help in the line waits.	will also months	9-30-16
- 1	 Front Wing Elections and holes filled insulation not firesto; 	trical Room - there were I with unapproved foam o in the fire-resistance-rated		Meintenance director will remove all unapproved twen with approved fire caulit.	end replace	9-50-14
	smoke. d. Front Left Exit - completely cover the fire-resistance-rated	hole penetrating the ceiling assembly,	d	meintenance Director will adjust the mail sign to ensure either perceivation) it covers the	9-50-16
	cable, not firestop as fire-resistance-rated spread of fire and sh f. RCC Office - the not firestop as they p	wall assembly, allowing the noke, re were gaps around cables, enetrate the wall assembly, allowing the	CA All	wintenance Director will coal all penetrations will the approved with to ensure fire resistance. Maintenance Director will also reduce to the facility by outside vendors in sensors fire caulicipal holy in the fire walls.	onitor	9-30-16
	g. RCC Office Bath around cables, not fir fire-resistance-rated the spread of fire and h. Front Wing Elect and holes filled with a not firestop in the fire alth Service Regulation	room - there were gaps restop as they penetrate the ceiling assembly, allowing i smoke, rical Room - there were hole mapproved foam insulation -resistance-rated wall	n	Matherianus sinuctor will remove all unapproved team, with approved the sauls.	and replace	q-30-16
· · · · · · · · · · · · · · · · · · ·			ana 2	25Z721	V continuation	sheet it of the

3366612569

PAGE 13/17

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	YT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/GUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3: 01		8URVEY PLETED
		HAL013038	B. WING	· · · · · · · · · · · · · · · · · · ·	07/:	20/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	477	
CONCO	RD HOUSE	CONCOR	LL SCHOO D, NO 2802			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TÉMENT OF DEFIGIENCIES MUST BE PRÉCEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X9) COMPLETE DATE
C 189	 TV Room - then not firestop as they fire-resistance-rated completely cover the 	the spread of fire and amoke, a was a gap around a cable, penetrate the I - the exit sign did not a hole penetrating the	C 189	Maintenance Director will need oil penetrations will the app coult to ensure fire resistance. Matthebarras Director will all MOTE are the facility by outside vendors to ensure fire as on all hole in the fire walls.	duo monitor	q-50-16
	cover the hole pene fire-resistance-rated	fixture did not completely trating the celling assembly	ı	Maintenance Director will Adjust the light fixture to cover a penetration	ne erojey	9-30-16
	 k. Mop Sink Room joints between the w the fire-resistance-ra 	- there were several opening alls and ceiling not firestop in ated ceiling assembly.		Maintenance Director will seel all penetrations will the appropriate on the facility by outside vendors to ensure fice out on the facility by outside vendors to ensure fice out on all hole in the fire walls.	to montor	9-30-16
1	allowing the spread l. Dining Room, Ti	of fire and smoke. he right corridor door did not	'	Meintenance Director will loatell new herdware		9-80-16
	have any latching ha	rdware. 6 door hardware was very	,	Maintenence Cirector will tighten all hardware and replan	un sirike bolt	9-30-16
	 TV Room - the clinch by ¼ inch holes allowing the spread of 	orridor door had two 1 ½ through the corridor door, of fire and smoke.	,	Maintanance Director will seel oil peretrations will the approper outle to ensure fire restatance. Maintenance Director will all work on the facility by outside vendors to ensure fire you on all hole in the fire wells.	so monitor	9-30-16
	corridor door hits its closing thus latching	applying extra force, the frame, preventing it from , which allows the passage of the door was very hard to		Meintenance will adjust the door hinges and writer plate to the deer closes properly when released.	maure	9-30-16
	open once the door in p. Disper Room - we the corridor door hits			Meintenence will adjust the door hinges and strike plate to with door decine preparty when released.	mş junja	9-30-le
	amergency equipme safe and in operating residents, staff and v promptly find their wa	ration, the building's nt was not maintained in a condition. This would affect isitors if they could not sy to an exit during an				
	both sides did not we	2016: rrier Wall - the exit signs on rk on normal power or have sitons, even though the right		Maintenance Director will replace the will replace the write of all a Cambrid and document monthly testing of all emergence equipment	gne and will	9-36-16

PAGE 14/17

Division of Health Service Regulation FORM APPROVED						
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
PRIOR CONTROL CONTROL		DETTE CONTOUR NOMBER.	A. BUILDING: 01		COMPLETED	
	HAL013038		8. WING		07/20/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	3112312313	
CONCO	RD HOUSE		LL SCHOO			
			D. NC 2802	7		
(X4) ID PREPIX TAG	RUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REPERENCED TO THE APPROP DEPICIENCY)	DE COMPLE	
C 189	Continued From page 12		C 189			
	device was reality n	ew.			1	
	 b. Front Wing Rigi 	nt Corridor - the emergency		Meintenance Director Will ordust the headlamps to ensur is in the proper position	s the tight 9-50-1	Ġ.
	lighting system for ti	his corridor consist of a pination exit sign/emergency		in the proper position		
	light logated at the r	ight side exit door. There is				
	another self-contain	ed combination exit				
	sign/emergency ligh	t located at the intersection of				
	has one headlight at	r and this corridor. This unit				
	has one headlight aimed down the left corridor to the smoke barrier and the other headlight light					
	aimed down the from	t to back corridor, this setup				
1	does not provide an	y light to its right. om - the fire alarm system's	o a	Maintenance Director will will refeaten the heat detector	la am i	
ĺ	heat detector was di	angling from the ceiling by its		The state of the s	9-30-1	Ç
	power/operational wires. d. Front TV Room - the fire alarm system's heat detector was dangling from the ceiling by its power/operational wires.					,
	3. Based on observ	vation, the Building was not				
	maintained in a safe and operating condition, because the commercial kitchen hood's fire extinguishing system lacked the inspections,					
ļ					1	
		cumentation required to				
	affect residents, staf	rking system. This could				
	commercial kitchen	hood's suppression system				
,	fails to operate prope	erly when needed.				
	Findings on July 20,	2016:		Maintenance Director Will conduct and described monthly 6		
	Kitchen -Since the semi-annual maintenance of the commercial kitchen hood's fire			initial ment test and have documentation ready for review at inspection		6
	extinguishing system	in March 2016, there has		mapasauar .		
1	been no record keep inspections.	ing of the monthly				
	поросиона.					
	4. Based on observ	ation, the Building was not		Maintenance Director will install new hardware to wassey	compliance Q-30-11	ا ۵
	maintained in a safe	and operating condition, by			, ,,,,,,	_
f	done without the use	egress from all areas can be of keys, tools or, special				J
	knowledge or effort.	This could affect residents.				
	ulth Service Regulation					

FVIL

PAGE 15/17

PRINTED: 08/03/2016 FORM APPROVED

HAL013038 B. WING	07/				
		07/20/2016			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
CONCORD HOUSE 2339 ODELL SCHOOL ROAD					
CONCORD, NC 28027					
PREFIX CACH DEFIDIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOE	PROVIDER'S PLAN OF CORRECTION (EACH COPPRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY)				
C 189 Continued From page 13 C 189					
staff and visitors if someone becomes trapped inside. Findings on July 20, 2016: a. Closet Entire Building - many closet doors were equipped with hasp hardware and padlock or a barrel bolt. These locking systems do not provide an override device allowing exiting from the area. Most resident closets already have keyed locking hardware.	hardware and p(moved	9-20-16			
5. Based on observation, the building was not maintained in a safe manner by failing to ensure that clothes dryer duct can exhaust to an open free area. This could affect all residents, staff and visitors by allowing lint to accumulate (fuel for a fire)	ensure proper remains disas	9-30-16			
Findings on July 20, 2016: a. Clothes dryer exhaust system – was missing lts cap and backdraft damper to keep vermin from entering the building. Maintenance Circuttr will install back-draft damper to each of the control of the co	IBUM GOMPBaryon	9-80-16			
C 191 Unvented & Portable Elec. Heaters Prohibited C 191					
SECTION .0300 = PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to					
vision of Health Service Regulation					

262721

PAGE 16/17

	of Health Service R				FORM	APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		HAL013038	B. WING		07/20/2016	
		STREET AL	ADDRESS, CITY, STATE, ZIP GODE		1 0772072010	
CONCO	RD HOUSE		ELL SCHOO			
			D, NC 280	27		
(X4) ID PREFIX TAG	ÉACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL 8C IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CONTECTS (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF FIGURINGY)	OTHE APPROPRIATE D	
C 191	Continued From pa	ge 14	C 191		"	
	heater(s) in an Adul affect residents, state the ignition source of if used by resident of near. Findings on July 20	a prohibited portable space		Maintenance Director will entern all unepproved apace form the property completely and that all resistent and notified the the use of space heaters is forbidden anyway grounds	staff are	9-80-16
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per marequirement does not before April 1, 1984, these specified space (1) solled linen store (2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall a facilities with the exception of the control o	to the standard of the standar				
	his Rule is not met as evidenced by: Based on Observation and testing with a thin lastic sheet, the facility failed to maintain the entilation system in proper working order. This could affect all residents, staff and visitors by reventing the exhausting of odors. indings on July 20, 2016: Public Restroom near Conference Room - se local exhaust ventilation system did not work,		Alina	Maintenance Director will repetr all websyet fen to ensure ventilation and will conduct monthly seating of the fam to compliance	ргорег	9-30-16
ion of He TE FORM	eith Service Regulation					
- FORW		eu	*** 2	92721 r	ű ő ihlínualises	sheet 15 of 16

PAGE 17/17

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA	ROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		(XB) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		Maria de Lora de La Carta de C	A. BUILDING: 01		0,000-20120		
	HAL013038		B. WING		07/3	07/20/2016	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	oresa, orry, t	STATE, ZIF GODE			
CONCOR	RD HOUSE		LL SCHOOL				
			D, NC 2802		TIGN!	26-3	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE	
C 199	Continued From pa	Continued From page 15					
	allowing a build-up	of adors.					
	b. Conference Ro	om Bathroom- the local					
	a build-up of odors.	system did not work, allowing					
	 c. Back Wing Left 	t Group Bathroom - the local					
		system did not work, allowing					
	a build-up of odors.						
			ļ				
			Í				
						1	
,						,	
						}	
		1 ,					
- 1		'	i				
1							
					'		
th darlans - * * * *	William I and the second						
Sivision of He	alth Service Regulation	- 11					